

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012447

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2887

STATE FILE NUMBER

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

5 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (if NOT in hospital, give location)

St. Louis-Little Rock

HOSPITAL OR

INSTITUTION

Inside Limits

Yes ☐ No ☐

d. STREET (If outside, give location)

ADDRESS

2003 Ann Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

George

Middle

Louis

Last

Becker

4. DATE

OF

DEATH

Month

Day

Year

March

14,

1962

5. SEX

male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-20-1888

9. AGE (last birthday)

73 72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

German

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

Peter Becker

13b. MOTHER'S MAIDEN NAME

Christine Harms

14. NAME OF HUSBAND OR WIFE

Jessie (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Vera Hill 2003 Ann Ave

18. CAUSE OF DEATH (Enter only one cause per line for PART II. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN

ONSET AND DEATH

few hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

420-0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 14, 1962

to March 14, 1962

last saw him alive on March 14, 1962

Death occurred at 11: p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Benjamin H. Charles, L.D.

22b. ADDRESS

Mo. Pac. Hospital St. Louis

22c. DATE SIGNED

Mar. 15, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3/17/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cem

23d. LOCATION (City, town, or county)

St. Louis County

(State)

24. FUNERAL DIRECTOR

1926 Allen Ave

WM. C. Moydell • St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

MAR 15 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF Informant

DOCUMENT Birth Record

8/20/88 & 73

8 & 9 8/20/89 & 72

4/9/62

ITEM NO.

VS 300
Rev. 4/59

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69-0

69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Halley F. Jaller Jr
Licensed Embalmer No. 4930

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.